New England Deaconess Hospital
Boston, Massachusetts

pulse

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Hospital co-sponsors nursing symposium

Mrs. Edith Lenneberg, enterostomal therapist and co-director of Stoma Rehabilitation Clinic, and Miss Constance Donovan, R.N. and nurse clinician in ostomy care, listen to Assistant Chaplain Charles Kessler's remarks before a panel discussion at the ostomy care symposium.

Emphasis on the nurse as practitioner and the role of nursing in the rehabilitation of ostomy patients were the two major themes presented at a symposium, *The Nurse's Role in Providing Comprehensive Care for the Ostomy Patient,* on April 13-14. The Deaconess Hospital Department of Nursing and the Stoma Rehabilitation Clinic worked with the Massachusetts Nurses Association in sponsoring the two-day event.

While making introductory remarks at the symposium, Miss Ellen D. Howland, director of nursing, discussed the Deaconess Hospital's historical concern with the stoma patient. She mentioned that over 40 years ago a Deaconess surgeon and a Deaconess nurse wrote two of the first articles appearing in a nursing journal about the medical and nursing care of these patients. Today, the traditional concern for ostomy patients is manifested by an ostomy nurse clinician and the Stoma Rehabilitation Clinic.

The 130 nurses from Massachusetts attending the symposium learned the importance of identifying and meeting the physical and emotional needs of ostomy patients and their families from Miss Anne Davidson, R.N. at the Stoma Rehabilitation Clinic; Mrs. Edith Lenneberg, R.N., co-director of the Stoma Clinic; Miss Constance Donovan, R.N., nurse clinician in ostomy care; Assistant Chaplain Charles Kessler and other specialists.

The importance of the nurse's recognition of her own feelings was demonstrated through a socio-drama technique led by Dr. Richard Lippincott, consulting psychiatrist at the clinic, and Mrs. Anne Hargraves, president of the Massachusetts Nurses Association, emphasized the importance of recognizing and rewarding the nurse practitioner. Dr. John L. Rowbotham, medical director of the Stoma Rehabilitation Clinic, spoke about the "Reason and Role of the Stoma Rehabilitation Clinic" during the April 14 luncheon.

Isotope scanner moves to Central 2

Diagnostic nuclear medicine is a joint venture shared by clinical pathology and diagnostic radiology. In 1967, an isotope scanner was purchased jointly by the two departments and was located temporarily on Palmer 6.

Isotope studies went through a transitional stage in early April when the isotope scanner was moved from Palmer 6 to a more suitable location on Central 2. This move means a geographic and departmental division of responsibility in the use of isotopes. Now isotope imaging is assigned to the diagnostic x-ray department while isotope laboratory studies remain in the Palmer building.

The move of the isotope scanner became possible when two cystoscopy procedure rooms on Central 2 were consolidated. The new space in Central 2 is well suited to the isotope scanner and much more convenient to patients and diagnostic radiologists.

"When scans were performed on Palmer 6, the films had to be developed on Central 2. If a film had to be retaken for any reason, the patient often had returned to his room by the time the films were developed and interpreted. Now the scans are performed, developed and interpreted in the same area," comments Dr. Herbert F. Gramm, diagnostic radiologist in charge of the isotope scanner. "This is a much more efficient system."

Through the emission of gamma rays, the isotope scanner detects tumors and other abnormalities in the brain, lungs, liver, thyroid, kidneys and bones. A patient is given a minute does of a selected isotope which localizes in the body. He or she then lies on the scanner table and the isotope's presence is detected and recorded by dual probes that move above and below the patient's body.

On April 1, a registered radiology and nuclear medicine technologist, Mr. Louis Emmond, joined the x-ray department to operate the isotope scanner. In addition to performing scans, Mr. Emmond will instruct radiologic technology students in the use of the scanner. All films are interpreted by the diagnostic radiologists.

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4 radiologic technology students qualify for national registration

After two years of cooperative study at Northeastern University and the NEDH Diagnostic Radiology Department, four students are now qualified for national registration as radiologic technologists. Shown reviewing an x-ray film are: Peter Cyr, Miss Kathy Hooper, Miss Louis Deschenes, Dr. Mirle A. Kellett, director of the School of Radiologic Technology and chairman of the department of diagnostic radiology; Robert Hayden, education coordinator of the school; Miss Sandy MacDonald, and Mr. Robert Clark, assistant director of the school and chief diagnostic technologist at the hospital. During their first year, students divide their time between Northeastern University and the Deaconess. The second year is spent at the hospital obtaining clinical experience.

Maintenance installs data monitoring panel

Mr. Clayton Kenney, assistant manager of maintenance and engineering, demonstrates the use of the supervisory data panel.

A supervisory data panel now services the maintenance and engineering department making it possible to monitor the operational efficiency of selected maintenance systems throughout the hospital. Fire alarms, air and water supplies, steam pressures, sprinkler and vacuum systems, supply fans and humidity measurements are some of the systems monitored by

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Doctors doings

Dr. Joseph L. Andrews, Jr., cardiopulmonary and internal medicine, spoke about the "Pathophysiology of Asthmic Bronchitis and Emphysema," March 31, at Beth Israel Hospital. On April 6, he lectured about "The Aging Heart and Lung" in Burlington, Mass., and on May 10, he spoke to an inhalation therapy class at Boston City Hospital about "Respiratory Failure."

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Dr. Thomas J. Anglem, general surgery, and **Dr. Robert E. Leber,** general surgery, wrote a paper, "The Dubious Case for Conservative Surgery for Operable Breast Cancer," which has been accepted for publication in the *Annals of Surgery*. An abstract of this paper will appear in an upcoming issue of the *American Medical Association Journal*.

* * *

Dr. Theodore L. Badger, pulmonary disease and internal medicine, spoke about "Air Pollution and Its Effects Upon the Respiratory Tract," April 13, at Bryant and Stratton School, Boston.

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Dr. Charles A. Fager, neurosurgery, addressed the Society of Neurological Surgeons, May 11, in New Haven, Conn., on "The Nature and Treatment of CSF Rhinorrhea in Pituitary Adenomas." On May 19, he spoke about "Surgical Excision of the Pituitary Gland and Its Tumors" at The Teachenor Memorial Lecture, Kansas City, Mo.

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Dr. Thomas M. Flood, internal medicine, spoke to the Waltham Area Diabetes Club, April 12, about the "Use and Abuse of Oral Hypoglycemic Medications."

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Dr. Dorothy H. Henneman, senior associate at CRI, published an article entitled, "Reversal of Lathyrogenic Effect of BAPN by estradiol 17 Beta," in the March-April issue of *Clinical Orthopaedics and Related Research*.

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Dr. Leo P. Krall, internal medicine, attended the April 26-29 international meeting, Diabetes Mellitus In The Focus, in Zagrebzadar, Yugoslavia, where he lectured on "Juvenile Diabetes" and "Retinopathy and Its Treatment," and moderated a panel discussion on "Social Consequences of Diabetes Mellitus — Education of Diabetes."

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Dr. Joseph E. Murray, plastic surgery, will lecture on "Organ Replacement, Facial Deformity and Plastic Surgery," May 31, to the Massachusetts Medical Society, Boston.

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Dr. George Nichols, Jr., internal medicine, helped to write an article entitled "Metabolic Studies of Bone in Uremia Before and After Treatment" for *Metabolism*, vol. 21, 1972.

* * *

Dr. Richard A. Oberfield, internal medicine, was program director for a course on "Protracted Cancer Chemotherapy By Ambulatory Arterial Infusion," March 20-22 at the Sheraton Plaza Hotel, Boston. He spoke on "Regional Arterial Infusion for Advanced Solid Tumors," March 25, at Springfield Hospital, and at the 24th Annual Medwest Cancer Conference, Wichita, Kansas, March 17-18, he discussed "Ambulatory Arterial Infusion Chemotherapy for Liver Cancer."

* * *

Dr. Randi V. Rosvoll, pathology, attended the International Cancer Conference, March 13-17, in Australia. She is currently fulfilling chairmanships for the Inspection and Accreditation of Northeast American Association Blood Banks and the Committee for Liaison with Anesthesiologists of the AABB.

* * *

Dr. George W. B. Starkey, thoracic surgery, was elected chairman of the Trinity College Board of Trustees, April 8, in Hartford, Conn.

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Dr. John W. Strieder, thoracic surgery, delivered the presidential address, May 2, at the American Association for Thoracic Surgery, meeting in Los Angeles, Calif.

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Dr. Marshall Strome, otolaryngology, was guest grand rounds lecturer, March 18, at Beth Israel Hospital, where he discussed "Cryosurgery to Hemangiomas of the Head and Neck." His article "Electromyography of the Intrinsic Laryngeal Muscles During Phonation" will appear in the June issue of *Annals of Otorhinolaryngology*.

Landing a 460 pound blue marlin was one of Dr. Randi V. Rosvoll's most exciting feats during her March vacation.

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Dr. Shields Warren, senior research associate and past scientific director of CRI, published an article entitled "Historical Experimental Overview of Pathobiology" in *Frontiers of Radiation Therapy and Oncology*, vol. 6, 1972.

* * *

Dr. Elton Watkins, Jr., thoracic surgery, spoke about "Inhibition of Lymphoblastic Response to Cancer Cells by Plasma Sialoglycoproteins," May 5, to the American Association for Cancer Research, Boston. He is scheduled to lecture in Milan, Italy, to a postgraduate course on the "Treatment of Digestive System Tumors" at the National Cancer Institute of Milan. Dr. Watkins is the recipient of a three-year grant from the National Cancer Institute for study entitled "Cancer Immunology by Bulk LATCH Culture."

Isotope scanner . . .

Continued from page 1

"The most common use of isotopes is for brain scans," explains Dr. Gramm. "Designated isotopes are used for specific scans. For brain, liver, kidney and lung scans, patients are injected with a technetium 99m compound; for thyroid scans, sodium iodide 131 is used; for bone scans, strontium 85 is presently used, but flourine 18 will be used when it becomes available."

Positioning patients and adjusting the isotope scanner is a time-consuming task and can take up to an hour. Due to the present logistical situation up to eight scans a day are possible.

The isotope scanner's location change does not affect the laboratories of pathology except to free the room where the scanner was previously housed. The same *in vitro* or test tube studies and *in vivo* or clinical patient studies are still performed by the laboratories.

Two procedures for thyroid functions and one procedure for vitamin B-12 serum level are performed *in vitro*. The two thyroid procedures are known as "T-3" and "T-4." "T-3" measures the total hormone complex and "T-4" specifically measures the most active fraction of the hormone complex. "T-4" is related to the overactivity or underactivity of the thyroid gland. The serum level of vitamin B-12 determines whether the patient has a sufficient quantity of this necessary vitamin.

" 'T-3,' 'T-4' and vitamin B-12 tests are examples of the recently developed competitive protein binding tests," explains Dr. David Skinner, pathologist responsible for isotope procedures.

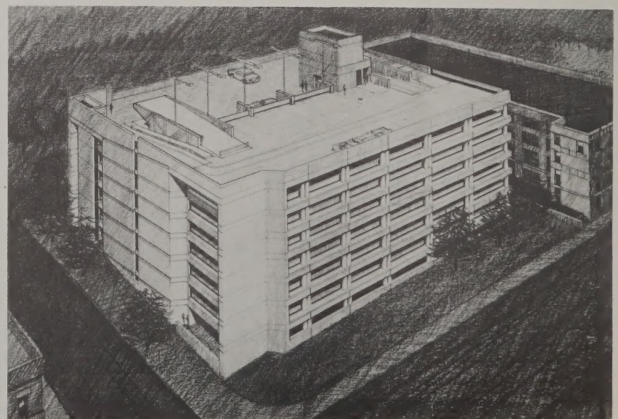
Thyroid functions, blood-volumes, vitamin B-12 absorption and abnormal protein studies are *in vivo* procedures performed in the laboratories of pathology. A minute quantity of radioactive iodine is ingested by a patient to determine thyroid function. The amount of this isotope present in the gland 24 hours later determines the thyroid gland's activity.

There are two methods used for blood-volume studies. In one, radioactive iodinated human serum globulin is injected intravenously and allowed to circulate for a specified time. A blood sample is than drawn and its radioactivity measured. By comparing the radioactivity of this blood sample with that of the injected dose, the patient's quantity of circulating blood can be calculated. The second method used for blood-volume studies is similar to the first except that radioactive chromium is added to a sample of the patients blood. This attaches to red cells. After being reinjected in the patient and allowed to circulate, a blood sample is drawn. This method determines the red cell mass as well as the total blood volume. An extended application of the radioactive chromium injection measures the life of red blood cells.

In the determination of vitamin B-12 utilization, a patient is given an oral dose of radioactive B-12. He or she is then injected with non radioactive B-12. A 24 hour urine collection is tested for radioactivity to determine whether the radioactive B-12 was normally absorbed and excreted.

The determination of abnormal protein loss from the intestine is the fourth *in vivo* study performed in the laboratories of pathology. It involves intravenous injection of radioactive chromium labeled human serum albumin. Fecal materials are then tested for four days for th presence of radioactivity. This procedure is performed only four or five times a year.

Diagnostic isotope tests are not affected in modes of implementation, quantity or quality by the recent move of the isotope scanner. The review of procedural methods reinforces the fact that imaging procedures belong in diagnostic radiology and measurement studies belong in the laboratories of pathology.



PROJECTED FOR COMPLETION this year, the new parking garage will resemble the above architectural rendering. Cars will enter from Pilgrim Road in an effort to prevent a back-up of vehicles on Longwood Avenue during the rush hour.

6,902 service years represented at 17th annual employee awards dinner

Congeniality best describes the mood for the April 26 service award dinner. Employees, award recipients, guests and pensioners enjoyed a reception before a delectable meal was served in the Sheraton Plaza's Oval Room.

"Courtesy is so easy . . . a please, a thank you. We deeply appreciate the part each one of you plays in helping to maintain the friendly and helpful atmosphere that has characterized the Deaconess Hospital for so long," stated Mr. R. D. Lowry, executive vice president. He thanked the 417 employees, who received service awards this year and in previous years, for their combined 4,951 years of service to the hospital, and explained that in total employee service award recipients and pensioners represent 6,902 years of service. Chaplain Ralph A. Curtis gave the invocation and Mr. Laurens MacLure, president of the NEDH Corporation, extended greetings from the trustees. Director Richard E. Lee presented special awards of merit to eight employees from the General Board of Health and Welfare Ministries of the United Methodist Church. Dr. Shields Warren, former scientific director of CRI, accepted a merit award in behalf of his secretary, Miss Natalie E. Fossati, who was honored for 30 years of service to the hospital. Merit award recipients recognized for 25 years of service were: Mrs. Ethel Feldman, surgery; Miss Marguerite Kehoe, cashier; Dr. Mirle A. Kellett, chairman of the department of diagnostic radiology; Mr. Sigmund Myal, surgical services; Miss Ruth Pendleton, manager of surgical services; Miss Edith Shea, dietary, and Miss Lois M. Thomas, nursing.

Pharmacy was well represented at this table on April 26. The diners are: (starting third from right going clockwise) Mr. Charles Schraub, chief pharmacist; Mr. and Mrs. Thomas Leonard, both pharmacy employees; Mr. Spiros Thomas, pharmacist; Mrs. Mary Ellen Kressel (nursing) and her husband; Mrs. Joan Lutheran, nursing; Miss Patricia Basile, nursing; Miss Jacqueline Kennedy, nursing and Miss Carolyn Keyes, nursing.

Service merit award recipients present at the April 26 banquet are flanked by: (l.) Mr. Laurens MacLure, president of the corporation; Mr. R. D. Lowry, executive vice president, and (r.) Mr. Richard E. Lee, director. They are: Miss Ruth E. Pendleton, surgical services; Mrs. Ethel Feldman, surgery; Miss Edith Shea, dietary, and Dr. Mirle A. Kellett, diagnostic radiology.

Among the employees who travelled to and from the award dinner by bus are: Miss Everina Vose, diagnostic radiology; Miss June Forbes, maintenance; Mrs. Ruth Prinz, nursing; Miss Mary Wiegand, administrative services; Mrs. Elsie Barker, nurses aide, and Miss Norma Earner, pensioner.

Entertainment for the 1972 Annual Employee Awards Dinner was provided by the "New Black Eagle Jazz Band."

Dr. David Lilley, manager of service coordination, and Mr. William Flatley, booking manager, converse with Miss Mary E. Derry, pensioner.

Retirees who attended the employee awards dinner are: (sitting l. - r.) Mrs. Beryl Paine, Miss Effie May Winger, Mrs. Leona Glawson, Miss Doris Longmire, Miss Winnie Marshall, Mrs. Mary E. Connolly, Mrs. Kathleen Charron, Miss Eva Witham, Mrs. Louise Walker, (standing l. - r.) Shields Warren, M.D.; Albert Hiltz, Charles Buzzell, Howard Bracket, Harry Hurley, Elmer A. Pederson, Edward Gauntlett, William Tripp and Donald Sabine.

Spring bursts forth in assorted colors

Mr. Michael Bracken, the hospital gardener, plants some new flowers outside the Arthur T. Dooley Memorial Chapel.

Flowers in full bloom colorfully decorate the grounds outside of the Central Building.

Monitoring panel

Continued from page 1

the supervisory data panel.

Remote controls and intercoms connect each assigned system or point within the hospital complex to the master panel located in the maintenance and engineering building. These controls can be activated from the master panel to read the operational status of each point, and, if any malfunction is discovered, a maintenance employee is summoned to repair the system. The repairs are expedited by the verbal communication possible with the intercom. In addition, repairs on the malfunctioning system are hastened when a blue print of the system appears on the master panel screen making it possible to compare actual with correct status.

In addition to printing a status readout of the systems connected to the master panel, critical alarms are printed by the computer-like machine. A buzzer also sounds whenever a breakdown occurs in a system, such as the humidity and temperature gauges in surgery, which is assigned a status of critical importance. This buzzer informs the master panel operator that immediate attention must be given to the repair of this system.

There are 200 systems in the hospital connected to the new supervisory data panel. Mr. Clayton Kenney, assistant manager of maintenance and engineering, estimates that it could take one person an entire day to check the status of these systems . . . it takes less than five minutes for the supervisory data panel to define their status.

The **FOURTH ANNUAL NEDH SCHOOL OF NURSING HOMECOMING** is scheduled for Saturday, November 4. Dr. Wilford B. Neptune, thoracic surgeon, will be the featured speaker. Alumnae are urged to circle the date on their calendar.

Local courts open to Deaconess tennis players

Tennis buffs employed at NEDH are eligible for membership in The United States Sports Club (formerly the Boston Ski Club). The club recently leased eight private courts located at the corner of Brookline and Longwood Avenues. Private off-street parking is available at no charge.

Instruction and courts are available to U.S.S.C. members seven days a week. The instruction program consists of tennis clinics in which every phase of the game will be covered. Clinics are grouped in three sessions that last approximately two hours each. Beginning May 21, a new clinic will be offered every two weeks. During the month of June, weeknight twilight clinics will be scheduled. Private and semi-private instruction is also available.

Courts will be available on a reservation basis from 4 p.m. to 7 p.m. Monday through Friday and from 9 a.m. to 7 p.m. Saturdays and Sundays. If demand warrants, the club will open the courts for play earlier during weekdays.

Employees interested in joining the United States Sports Clubs and taking advantage of this offer can pick up a brochure with attached application at the employee relations office on Baker 1.

Membership dues are $15.00 for single membership, $18.00 for a couples membership, and $20.00 for a family membership. Clinic costs are additional. The U.S.S.C. membership year normally expires in September. However, the club has agreed to allow Deaconess employees who join now to continue membership until September 1973.

U.S.S.C. members are entitled to use the club's 16 lodges in New Hampshire, Vermont and Maine, the opportunity to purchase discount lift tickets to all major ski areas in the Northeast and participation in the club's unique charter and group flight programs.

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

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The New England Deaconess Hospital is a 500-bed complex consisting of the medical office building at One Ten Francis Street, Lahey and Overholt Thoracic Clinics, the Joslin Diabetes Foundation, Inc., the Cancer Research Institute and the Shields Warren Radiation Laboratory. The Deaconess is internationally known for diagnosis, treatment and research in general medicine, brain and chest surgery, cancer and diabetes.

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THE EMPLOYEE SERVICE AWARDS DINNER: See article page 3.

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